

# Behavioral Health Section 298 Workgroup Boilerplate Recommendations Summary

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May 10, 2016

## INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requested that stakeholders participating in the Behavioral Health Section 298 workgroup submit suggested changes to the Michigan House of Representatives subcommittee version of boilerplate language (HB 5274). The following document outlines those recommended changes.

The stakeholders that submitted comments represented individuals in service and their advocates and various organizations, including community mental health service providers (CMHSPs), prepaid inpatient health plans (PIHPs), Medicaid health plans, behavioral health providers, and statewide advocacy organizations.

## BACKGROUND

At the April 27, 2016, meeting of the Behavioral Health Section 298 workgroup, the agenda included a review of the boilerplate language introduced by the Michigan House and Senate. Michigan's House and Senate appropriations subcommittees each replaced Gov. Rick Snyder's original budget proposal boilerplate with new language. The House and Senate versions focus on the process for designing a better integrated system. These committees plan to finalize the boilerplate language in May in a joint House-Senate conference committee. Both chambers are interested in hearing from the Section 298 workgroup on what it thinks should be considered in the boilerplate language.

During the meeting on April 27, 2016, the workgroup reviewed the House and Senate versions of the Section 298 boilerplate language and then voted on which version they preferred. Following the vote, the workgroup was given time to suggest "friendly amendments" to the version that most workgroup members preferred. The group voted, by a large margin, to start with the House subcommittee (HB 5274) version. The workgroup then discussed how the boilerplate should be altered and which sections of the Senate subcommittee (SB 789) version should be added.

Given time constraints, the workgroup did not reach a final version of the boilerplate language. Therefore, members were asked to send in additional comments and recommendations for the boilerplate language. Recommendations submitted after the meeting are presented in this document.

Most submissions were from individual participants; however, in one case, a single set of suggested language modifications was endorsed by 14 organizations. Public Sector Consultants (PSC) synthesized the comments and modifications as presented below.

## PROCESS

These recommendations in this document will each be voted upon at the May 19 meeting. *Due to anticipated time constraints at the May 19 meeting, participants are encouraged to read this document before the meeting and come prepared to vote.*

To simplify the presentation and voting process, PSC made minor changes to the comments and recommendations submitted:

- Each recommendation was assigned to a relevant subsection of the House subcommittee version, and, in some cases, divided into categorical groupings within a relevant subsection.
- If a submitted recommendation addressed multiple subsections or multiple categorical groupings, that recommendation was parsed, and each parsed element was assigned to a specific subsection or category.
- Each recommendation was assigned a number. These numbers were not intended to indicate preference, but to aid voting.
- Recommendations were formatted according to the bill formatting rules used by the 2015–2016 Michigan Legislature.
- Some recommendations were edited for clarity and to correct spelling and grammatical errors.

At the May 19 meeting, the workgroup will be asked to vote on each numbered recommendation with green or red cards. *Due to time constraints, we will not have time for explanation, discussion, or amendment of individual items.* Following the vote, the results will be compiled and submitted to the chairs of the appropriations subcommittees.

Finally, as stated at the April 27 meeting, the boilerplate language need not fully describe the behavioral health system. It is meant to describe a process for the work on designing the system to continue.

## BOILERPLATE MODIFICATIONS

### Overall Modifications

0.1 CHANGE: Replace the word “consumer” with “INDIVIDUAL” throughout the language. Yes or No

### Original Subsection (1) Language

The House subcommittee (HB 5274) Section 298 subsection (1) language, with agreed-upon amendments from the April 27 meeting, reads:

(1) The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies for behavioral and physical health services for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders. The workgroup shall include, but not be limited to, the Michigan Association of Community Mental Health Boards, the Michigan Association of Health Plans, and advocates for consumers of behavioral health services.

### Modifications to Subsection (1)

Stakeholders submitted the following edits to the language for subsection (1), organized by category:

#### Representation

1.1	ADD	VOTES ON THE WORKGROUP SHALL BE ADJUSTED FOR EQUAL REPRESENTATION OF TWO GROUPS: (A) REPRESENTATIVES OF COMMUNITY MENTAL HEALTH ORGANIZATIONS AND SERVICE PROVIDERS, AND (B) ADVOCATES REPRESENTING RECIPIENT FAMILIES AND CURRENT OR POTENTIAL RECIPIENTS OF SERVICES (EXCLUDING MENTAL HEALTH EMPLOYEES AND BOARD	<i>Select One:</i>  YES  NO
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		MEMBERS).  REPRESENTATIVES OF PHYSICAL HEALTH PLANS SHALL HAVE ADVISORY ROLES TO ADDRESS THE NEED FOR COORDINATED MENTAL HEALTH AND PHYSICAL HEALTH CARE.	
1.2	ADD	PRIORITY FOR INCLUSION OF ADVOCATES OR ADVOCATE GROUPS SHALL BE GIVEN TO PEOPLE WHO HAVE NOT HAD THE OPPORTUNITY TO PARTICIPATE IN ADVOCACY AT THE LEVEL OF THIS DISCUSSION. PRIORITY SHALL ALSO BE GIVEN TO PEOPLE REPRESENTING THEMSELVES AND WHO HAVE THE CONDITIONS COVERED BY SERVICES PROVIDED UNDER THIS LEGISLATION.	YES  NO
1.3	ADD	The workgroup shall include, but not be limited to: THE FEDERALLY RECOGNIZED TRIBES OF MICHIGAN.	YES  NO
1.4	<del>ADD</del>	<del>The workgroup shall include but not be limited to: THE MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS, THE MICHIGAN ASSOCIATION OF HEALTH PLANS, AND ADVOCATES FOR CONSUMERS OF BEHAVIORAL HEALTH SERVICES.</del>	<del>YES</del>  <del>NO</del>

*Definition*

1.5	CHANGE	The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies for BEHAVIORAL HEALTH SERVICES IN ORDER TO IMPROVE THE COORDINATION OF BEHAVIORAL AND PHYSICAL HEALTH SERVICES for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders.	YES  NO
1.6	CHANGE	Change behavioral and physical health to either BEHAVIORAL HEALTH AND GENERAL HEALTH or BRAIN MEDICINE AND GENERAL MEDICINE.	YES  NO
1.7	CHANGE	The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies TO ENSURE THAT ALL PERSONS ENROLLED IN MEDICAID-MANAGED CARE HAVE A COORDINATED SYSTEM OF SUPPORTS AND SERVICES FOR PERSONS (ADULTS, CHILDREN, YOUTH, AND THEIR FAMILIES) AT RISK FOR OR WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES, SUBSTANCE USE DISORDERS, MENTAL HEALTH NEEDS AND PHYSICAL HEALTH NEEDS.	YES  NO

*Value*

1.8	ADD	FURTHER, THE END STATE IS CONSISTENT WITH THE STATED CORE VALUES, IS SEAMLESS, MAXIMIZES PERCENT OF INVESTED RESOURCES REACHING DIRECT SERVICES, AND PROVIDES THE HIGHEST QUALITY OF CARE AND POSITIVE OUTCOMES FOR THE PERSON AND THE COMMUNITY.	YES NO
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*Other*

1.9	CHANGE	The department shall work with a workgroup <del>to make</del> IN THE DEVELOPMENT OF STRATEGIC PLAN recommendations regarding the most effective <del>financing model and</del> policies TO ACHIEVE FULL SYSTEM AND PAYMENT INTEGRATION BY SEPTEMBER 30, 2020, of behavioral and physical health services for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders CONSISTENT WITH THE ADOPTED SET OF CORE VALUES. The workgroup shall include, but not be limited to, the Michigan Association of Community Mental Health Boards, the Michigan Association of Health Plans, and advocates for consumers of behavioral health services. THE WORKGROUP RECOMMENDATIONS SHOULD INCLUDE ANNUAL BENCHMARKS TO MEASURE PROGRESS IN IMPLEMENTATION FOR EACH YEAR UNTIL FULL IMPLEMENTATION.	YES NO
1.10	REPLACE REMOVE	The department shall <del>work with a workgroup to make recommendations regarding the</del> IMPLEMENT A PLAN TO ACHIEVE THE most effective <del>financing model and policies for</del> INTEGRATION OF behavioral and physical health services for individuals with mental illness, intellectual and developmental disabilities, and substance use disorders. THE DEPARTMENT SHALL WORK WITH A WORKGROUP IN THE DEVELOPMENT OF THIS PLAN. The workgroup shall include, but not be limited to, the Michigan Association of Community Health Boards, the Michigan Association of Health Plans, and advocates for consumers of behavioral health services. THE RECOMMENDATIONS SHALL INCLUDE CORE VALUES AND AN END STATEMENT FOR INTEGRATION.	YES NO

## Original Subsection (2) Language

The House subcommittee (HB 5274) Section 298 language in subsection (2), with agreed-upon amendments from the April 27 meeting, reads:

(2) The workgroup shall consider the following goals in making its recommendations:

- (a) Core principles of person-centered planning, self-determination, and recovery orientation.
- (b) Avoiding the return to a medical and institutional model of supports and services for individuals with behavioral health and developmental disability needs.
- (c) Coordination of physical health and behavioral health care and services at the point at which the consumer receives that care and those services.

Items (d) and (e) are from the Senate language:

- (d) Increase access to ~~high-value~~ community-based services consistent with the core values of the workgroup and resident choice of provider.
- (e) Increase access to integrated behavioral and physical health services within community-based settings.

## Modifications to Subsection (2)

Stakeholders submitted the following edits to subsection (2):

2.1	CHANGE	(a) Core principles of person-centered planning, self-determination, and recovery orientation, AND RESILIENCY ORIENTATION, AND FAMILY DRIVEN-YOUTH GUIDED PRACTICES.	YES NO
2.2	CHANGE	(a) Core principles of person-centered planning, self-determination, FULL COMMUNITY INCLUSION, ACCESS TO CMH SERVICES, and recovery orientation.	YES NO
2.3	DEFINE	(b) Avoiding the return to a medical (how is medical defined?) and institutional model of supports and services for individuals with behavioral health and developmental disability needs.	YES NO
2.4	REMOVE	(b) Avoiding the return to a <del>medical</del> and AN institutional model of supports and services for individuals with behavioral health and developmental disability needs.	YES NO
2.5	REMOVE	Strike (b) in its entirety.	YES NO
2.6	ADD	(F) INTEGRATE ADDITIONAL FUNDING TO PEER-LED RECOVERY ORGANIZATIONS, PROGRAMS, AND CERTIFIED PEER SUPPORT SPECIALISTS TO ASSIST PEOPLE IN: IMPROVING THE QUALITY OF LIFE, LINKING WITH COMMUNITY RESOURCES, PROVIDING COMMUNITY INTEGRATION, AND FOCUSING ON ONE'S WHOLE HEALTH BY FOLLOWING THE MEDICAID HCBS FINAL RULE AND TRIPLE AIM.	YES NO

2.7	ADD	(G) REINVEST EFFICIENCIES GAINED BACK INTO SERVICES.	YES NO
2.8	ADD	(H) ENSURE <b>TRANSPARENT</b> PUBLIC OVERSIGHT, GOVERNANCE, AND ACCOUNTABILITY.	YES NO
2.9	ADD	(I) PROVIDE SERVICES TO ALL MICHIGAN RESIDENTS, REGARDLESS OF ABILITY TO PAY AND WITHIN INTEGRATED LOCATIONS AND PROGRAMS.	YES NO
2.10	ADD	(J) MICHIGAN RESIDENTS SHALL NOT BE AUTOMATICALLY EXCLUDED FROM SERVICES BY NATURE OF THEIR INSURANCE OR LACK OF SAME.	YES NO
2.11	ADD	(K) A DETAILED PLAN AND POLICY TO INCREASE ACCESS TO MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES FOR FEDERALLY RECOGNIZED TRIBAL MEMBERS AND ENSURE EQUITABLE FINANCES FOR THE FEDERALLY RECOGNIZED TRIBES OF MICHIGAN WITHIN THEIR PROGRAMS.	YES NO

### Original Subsection (3) Language

The House subcommittee (HB 5274) Section 298 subsection (3) language, with agreed-upon amendments from the April 27 meeting, reads:

(3) The workgroup's recommendations shall include a detailed plan for the transition to any new financing model or policies recommended by the workgroup, including a plan to ensure continuity of care for consumers of behavioral health services in order to prevent current customers of behavioral health services from experiencing a disruption of services and supports. The workgroup shall consider the use of one or more pilot programs in areas with an appropriate number of consumers of behavioral health services and a range of behavioral health needs as part of that transition plan.

### Modifications to Subsection (3)

Stakeholders submitted the following edits to subsection (3), organized in three categories. The first category, Senate Language, includes two recommendations that not only replace subsection 3 with language from the Senate version (SB 789), but also then propose changes to the Senate version:

#### Senate Language (SB 789)

3.1	REPLACE CHANGE	<p>BY FEBRUARY 1, 2017, the workgroup shall submit a report to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office detailing a proposal to enhance services provided by PIHPs AND TO ENHANCE SERVICES PROVIDED BY THE MEDICAID HEALTH PLANS through the Medicaid mental health services, Medicaid substance use disorder services, Healthy Michigan plan – behavioral health and autism services lines <del>and reform payment processes with the result of more money going to high-value patient care.</del> AS PART OF THE REPORT THE DEPARTMENT SHALL CONDUCT AN ADEQUACY STUDY TO IDENTIFY ANY UNMET NEED AND GAPS IN THE CURRENT FUNDING AND SERVICE STRUCTURES. IN ADDITION TO THE ADEQUACY STUDY, the report <del>must</del> SHALL include, but is not limited to, proposals on how to do the following:</p> <p style="padding-left: 40px;">(a) Increase access to community-based services and supports. (b) Increase access to integrated behavioral and physical health services within community-based settings.</p>	YES  NO
3.2	REPLACE CHANGE	<p>BY FEBRUARY 1, 2017, the workgroup shall submit a report to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office detailing a proposal to enhance services to persons currently eligible for services provided by PIHPs, CMHSPs, and the Medicaid Health Plans through the Medicaid mental health services, Medicaid substance use disorder services, general fund appropriation, and Healthy Michigan plan – behavioral health and autism services lines <del>and reform payment processes with the result of more money going to high-value patient care.</del> AS PART OF THE REPORT THE DEPARTMENT SHALL CONDUCT AN ADEQUACY STUDY TO IDENTIFY ANY UNMET NEED AND GAPS IN THE CURRENT FUNDING AND SERVICE STRUCTURES. IN ADDITION TO THE ADEQUACY STUDY, the report <del>must</del> SHALL include, but is not limited to, proposals</p>	YES  NO

		<p>on how to do the following:</p> <p>(a) Ensure full access to community-based services and supports.</p> <p>(b) Ensure full access to integrated behavioral and physical health services within community-based settings.</p>	
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### *Pilots*

3.3	CHANGE	AS PART OF THAT TRANSITION PLAN, the workgroup shall <del>consider</del> PROPOSE <del>the use of</del> one or more pilot programs, WHOSE DESIGN ELEMENTS REFLECT INTEGRATED CARE BEST PRACTICES AND INCORPORATE ELEMENTS OF THOSE MODELS WHOSE OUTCOME DATA INDICATE ROBUST TRIPLE AIM IMPROVEMENTS, in areas with an appropriate number of consumers of behavioral health services and a range of behavioral health needs as part of that transition plan.	YES NO
3.4	CHANGE	The workgroup shall consider the use of one or more pilot programs in areas with WILLING PIHP AND MHP PARTNERS AND an appropriate number of consumers of behavioral health services and a range of behavioral health needs AND CHRONIC CO-MORBID PHYSICAL HEALTH AILMENTS as part of that transition plan.	YES NO
3.5	ADD	The workgroup shall consider THE EXPERIENCE OF PARTICIPANTS WITH AND EXISTING DATA ON THE MI HEALTH LINK PROJECT AND OTHER POTENTIALLY RELATED PILOTS.	YES NO
3.6	CHANGE	The workgroup shall consider the use of one or more ADDITIONAL pilot programs WITH WILLING PIHP AND MHP PARTNERS in areas with an appropriate number of consumers of behavioral health services, and a range of behavioral health needs AND CHRONIC CO-MORBID PHYSICAL HEALTH CONDITIONS as part of that transition plan.	YES NO

### *Scope of Recommendations*

3.7	ADD	THE WORKGROUP SHALL DEFINE THE CHANGES TO ORGANIZATION STRUCTURE, POLICIES, SCOPE OF SERVICES, AND FUNDING MECHANISMS OF THE DESIRED SYSTEM. THE TRANSFORMATION PLANNING AND EXECUTION WILL TAKE MONTHS IF NOT YEARS AND IT WILL EVOLVE. TRANSFORMATION MUST BE PERFORMED BY THE RESPONSIBLE ADMINISTRATION WITH A CLEARLY DEFINED SOLUTION THEY ARE REQUIRED TO IMPLEMENT AND REVISE ONLY THROUGH A LEGISLATIVE APPROVAL PROCESS.	YES NO
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### Original Subsection (4) Language

The House subcommittee (HB 5274) Section 298 subsection (4) language, with agreed-upon amendments from the April 27 meeting, reads:

(4) The department shall provide, after each workgroup meeting, a status update on the workgroup's progress and, by December 1 of the current fiscal year, a final report on the workgroup's recommendations to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

### Modifications to Subsection (4)

Stakeholders submitted the following edits to subsection (4):

4.1	ADD	THE DEPARTMENT'S FINAL REPORT SHALL ACCEPT THE RECOMMENDATIONS OF THE WORKGROUP AS A "BEST PRACTICE" MODEL AND SHALL WORK WITH THE STATE LEGISLATURE TO IMPLEMENT THE RECOMMENDATIONS OF THE WORKGROUP THAT PROVIDE LEVELS OF SUPPORTS AND SERVICES THAT REFLECT THE CORE VALUES AND END STATEMENT BY THE WORKGROUP.	YES NO
4.2	ADD	WITH INPUT FROM PUBLIC MENTAL HEALTH STAKEHOLDERS, THE DEPARTMENT SHALL BE DIRECTED TO DO A STUDY ON ADMINISTRATIVE BURDENS (REPORTS, ETC.) FACED BY PIHPS AND CMHS TO DETERMINE WHAT DEMANDS ADD VALUE TO THE CONSUMER AND QUALITY CARE, AND WHAT ITEMS CAN BE ELIMINATED TO REDUCE COSTS WITH THE GOAL TO REDIRECT SAVINGS BACK TO ITEMS THAT ADD VALUE TO THE CONSUMER. THIS REPORT SHALL BE SHARED WITH THE SENATE AND HOUSE BY MAY 1, 2017.	YES NO

## Original Subsection (5) Language

The House subcommittee (HB 5274) Section 298 subsection (5) language, with agreed-upon amendments from the April 27 meeting, reads:

(5) No funding that has been paid to the prepaid inpatient health plans in prior fiscal years from the Medicaid mental health services, Medicaid substance use disorder services, Healthy Michigan plan – behavioral health, or autism services appropriation line items shall be transferred or paid to any other entity without specific legislative authorization through enactment of a budget act containing appropriation line item changes or authorizing boilerplate language.

## Modifications to Subsection (5)

Stakeholders submitted the following edits to subsection (5):

5.1	ADD	NO PIHP, CMHSP, NON-PROFIT PARTNER, OR SUD PROVIDER MAY USE FUNDS FOR MARKETING CLAIMING THAT IT SERVES ALL PEOPLE WITH MENTAL HEALTH NEEDS UNLESS IT CAN DOCUMENT THAT IT ACCEPTS ALL INSURANCE CARRIERS AND FORMS OF PAYMENT AND DOES NOT REFER OUT FOR SERVICES.	YES NO
5.2	REPLACE	FUNDS CURRENTLY PROVIDED TO THE PIHPS FOR BEHAVIORAL HEALTH SERVICES SHALL BE TRANSFERRED TO THE MHPS BY END OF FY2018. MHPS WILL BE REQUIRED TO CONTRACT WITH CMHS TO PROVIDE CURRENT SERVICES AND, IN ADDITION, DEVELOP A PAYMENT MODEL FOR VALUE-ADDED SERVICES, CREDENTIALING, CARE COORDINATION, UTILIZATION MANAGEMENT, AND QUALITY INITIATIVES.	YES NO
5.3	ADD	THE STATE WILL SET THE MAXIMUM EITHER MHP OR PIHP CAN HAVE AS A PROFIT AND ADMINISTRATIVE FEE TO ENSURE THAT THERE ARE FUNDS TO REINVEST IN PROGRAMS WITHOUT CURTAILING OR LIMITING SERVICES.	YES NO
5.4	REMOVE	Strike the entirety of subsection (5).	YES NO